

REGISTRATION FORM and WAIVER-DUE BEFORE PARTICIPATION IN THE CLINIC

Allen D. Bayuk and his staff have permission to work with my child and teach him or her fundamentals and advanced techniques of throwing the shot put and discus. While doing this I realize that my child may have to run, sprint, jump, lift weights or do other physically challenging exercises. I also realize that the most important teaching elements to the staff are proficiency, consistency, improvement and a positive attitude.

I, _____, release Allen D. Bayuk, his staff and this facility and/or the school district in which they are working from liability in the event of an accident or injuries possible with a sport like track and field. In case of injury, my family insurance plan covers my child/children. I also realize that Coach Bayuk and the clinic staff are extremely diligent in their safety practices and keenly observant and aware during training sessions. My child and I understand the potential dangers of participating and we realize that proper safety practices are expected and required at all times.

Parent/Guardian Printed Name/Signed Name / or indicate if a Coach/Date:

Food Allergies:

Emergency Number:

Insurance Coverage:

Athlete Printed Name/Signed Name/Date and School Team Name:

